



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157

1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871

www.license.state.tx.us - customer.service@license.state.tx.us

Page 1 of 1

Elevator Equipment Report of Inspection

PURSUANT TO CHAPTER 754, HEALTH AND SAFETY CODES, SUBCHAPTER B,
INSPECTION, CERTIFICATION, AND REGISTRATION

RECEIVED	
TDLR MAIL ROOM 04	
DEC 28 2010	
RECEIPT #	AMOUNT
	T-60

Do Not Write in the Fee Area Immediately Below

RECEIPT NUMBER	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
11016241	\$20.00		

DO NOT WRITE ABOVE THIS LINE

Unit # 1 of 3

NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED WITH ATTACHMENTS IF NECESSARY. ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

Bldg Name: Crocket Hotel	Bldg Designation:	ELBI #: 3325
Bldg Physical Location: 320 Bonham Street	San Antonio TX 78205	Decal #: 66706
Number, Street, Suite No, Apt No	City State ZIP	Test Data Tag in Place? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, inspector must affix test data tag
Owner Name: 1859 Historic Hotels	Owner Phone: 210-223-4361	Waivers or Delays Requested? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, attach waiver/delay form and fees
Owner Address: PO Box 59	Galveston TX 77553	Repeat Violations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Number, Street, Suite No, Apt No	City State ZIP	Due Date for Next 5 Year Safety Test: 5/2013
Bldg Contact Name (Local): Hector Venegas	Bldg Contact Phone: 210-223-4361	Year Installed: 52 Year Altered: 06
Bldg Contact Address (Used for all correspondence): 204 Alamo Plaza	San Antonio TX 78205	
Number, Street, Suite No, Apt No	City State ZIP	
Door Restrictors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	Firefighters Service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	

Type of Inspection: (check all that apply) Certificate will only be issued when an Annual or New Installation inspection is performed.

A - Annual B - New Installation C - Alteration D - Re-inspection E - Accident F - 5 Year Test X - Other _____

Type of Unit: (check one) Pass Esc. M.S. Frt. W.L. LULA Other (specify) _____

Manufacturer: OTIS	Model Type: 311VF	Serial #: 220635	Drive Machine: (check one) <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/> Other (specify) _____
Speed: 250	Capacity: 2000	# of Car Openings: 1	# of Floors: 7

Item #	Rule	Code Year	Violations (Attach additional page(s) if necessary)	Repeat

Comments:

Attach additional page(s) if necessary.

Signatures Are Required For Certificate Processing.

I certify this is a true report of my inspection

20059 William McPherson Jr.

12-14-2010

TDLR INSP LIC # Inspector Name Printed

Inspector Signature

Date Inspection Completed

I certify that all violations cited by the inspector (if any) have been corrected OR are under contract to be corrected. All required documents and fees are attached.

Owner/Agent Name Printed

Owner/Agent Signature

Date

002ELE (Revised 08/09)

This document and other TDLR forms are available on the TDLR website at www.license.state.tx.us



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DEC 28 2010

RECEIPT# AMOUNT

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\$20.00

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Unit # 2 of 3

NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED WITH ATTACHMENTS IF NECESSARY. ALL INFORMATION MUST BE TYPED OR PRINTED IN INK

Bldg Name: Crocket Hotel		Bldg Designation:		ELB#: 3325
Bldg Physical Location: 320 Bonham Street		San Antonio TX 78205		Decal #: 64377
Number, Street, Suite No, Apt No		City	State	ZIP
Owner Name: 1859 Historic Hotels		Owner Phone:		210-223-4361
Owner Address: PO Box 59		Galveston TX 77553		Waivers or Delays Requested? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number, Street, Suite No, Apt No		City	State	ZIP
Bldg Contact Name (Local): Hector Venegas		Bldg Contact Phone:		210-223-4361
Bldg Contact Address (Used for all correspondence): 204 Alamo Plaza		San Antonio TX 78205		Repeat Violations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Number, Street, Suite No, Apt No		City	State	ZIP
Door Restrictors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		Firefighters Service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		Due Date for Next 5 Year Safety Test: 5/2013
Type of Inspection: (check all that apply) Certificate will only be issued when an Annual or New Installation inspection is performed. <input checked="" type="checkbox"/> A - Annual <input type="checkbox"/> B - New Installation <input type="checkbox"/> C - Alteration <input type="checkbox"/> D - Re-inspection <input type="checkbox"/> E - Accident <input type="checkbox"/> F - 5 Year Test <input type="checkbox"/> X - Other _____		Year Installed: 52 Year Altered: 06		
Type of Unit: (check one) <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Esc. <input type="checkbox"/> M.S. <input type="checkbox"/> Frt. <input type="checkbox"/> W.L. <input type="checkbox"/> LULA <input type="checkbox"/> Other (specify) _____				

Manufacturer: OTIS	Model Type: 311VF	Serial #: 227755	Drive Machine: (check one) <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/> Other (specify) _____
Speed: 250	Capacity: 2000	# of Car Openings: 1	# of Floors: 7

Item #	Rule	Code Year	Violations (Attach additional page(s) if necessary)		Report
1	A17.3-3.4.5(d)(1)	2002	Repair emergency light in elevator.		

Comments: Attach additional page(s) if necessary

Signatures Are Required For Certificate Processing.

I certify this is a true report of my inspection

20059 William McPherson Jr.

TDLR INSPIR LIC # Inspector Name Printed

Inspector Signature

Date Inspection Completed

12-14-2010

I certify that all violations cited by the inspector (if any) have been corrected OR are under contract to be corrected. All required documents and fees are attached

Owner/Agent Name Printed
002ELE (Revised 08/09)

Owner/Agent Signature

Date
12/17/10

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INSPECTION, CERTIFICATION, AND REGISTRATION

RECEIVED

TDLR MAIL ROOM

04

DEC 28 2010

RECEIPT#

AMOUNT

Do NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

RECEIPT NUMBER	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
11016241	\$20.00		

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Unit # 3 of 3

NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED WITH ATTACHMENTS IF NECESSARY. ALL INFORMATION MUST BE TYPED-OR-PRINTED IN INK.

Bldg Name: Crocket Hotel	Bldg Designation:	ELBI # <u>3325</u>
Bldg Physical Location: 320 Bonham Street	San Antonio TX 78205	Decal # <u>10070</u>
Number, Street, Suite No, Apt No	City State ZIP	Test Data Tag in Place? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, inspector must affix test data tag
Owner Name: 1859 Historic Hotels	Owner Phone: 210-223-4361	Waivers or Delays Requested? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, attach waiver/delay form and fees
Owner Address: PO Box 59	Galveston TX 77553	Repeat Violations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Number, Street, Suite No, Apt No	City State ZIP	Due Date for Next 5 Year Safety Test: <u>5/2013</u>
Bldg Contact Name (Local): Hector Venegas	Bldg Contact Phone: 210-223-4361	Year Installed : <u>81</u> Year Altered: <u>N/A</u>
Bldg Contact Address (Used for all correspondence): 204 Alamo Plaza San Antonio TX <u>78205</u>		
Number, Street, Suite No, Apt No	City State ZIP	
Door Restrictors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Required	Firefighters Service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	

Type of Inspection: (check all that apply) Certificate will only be issued when an Annual or New Installation inspection is performed.

A - Annual B - New Installation C - Alteration D - Re-inspection E - Accident F - 5 Year Test X - Other _____

Type of Unit: (check one) Pass Esc. M.S. Frt. W.L. LULA Other (specify) _____

Manufacturer: OTIS	Model Type: MRV	Serial #: 265912	Drive Machine: (check one) <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/> Other (specify) _____
Speed: 200	Capacity: 3500	# of Car Openings: 1	# of Floors: 8

Item #	Rule	Code Year	Violations (Attach additional page(s) if necessary)		Repeat

Comments:

Attach additional page(s) if necessary

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I certify this is a true report of my inspection

20059 William McPherson Jr.

TDLR INSPIR LIC # Inspector Name Printed

Inspector Signature

Date Inspection Completed

12-14-2010

I certify that all violations cited by the inspector (if any) have been corrected OR are under contract to be corrected All required documents and fees are attached.

Owner/Agent Name Printed

Owner/Agent Signature

Date

002ELE (Revised 08/09)

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THE CROCKETT HOTEL

3325

December 28, 2010

Texas Department of Licensing and Regulation
P O Box 12157
Austin TX 78711-2157

RE: Elevator Equipment Report of Inspection
ELBI 3325 Decal # 66706 64377 10070

Dear Sir or Madam:

We are submitting the signed Elevator Equipment Inspection report and the fee of \$20.00 for each unit for a total of three units.

Kindly find the enclosed signed Elevator Equipment Inspection reports and a check for \$00 for processing the report.

We have contacted OTIS Elevator for the repairs as stated in the inspection report which will be completed no later than February 28, 2011:

Page 2 Decal 64377

A17.3-3.4.5(d)(1) Repair emergency light in elevator

We are pleased to comply and look forward to a safe and prosperous new year as we work together.

Sincerely,

William P. Brendel
General Manager

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TDLR MAIL ROOM	
04	
DEC 28 2010	
RECEIPT #241	AMOUNT

Enclosure

WPB/sp